

Original invoice Resubmission

This invoice must be submitted within 90 days, by **fax** to 604 276-3195 or 1 888 922-3299, or by mail to Payment Services, WorkSafeBC, PO Box 94460 Stn Main, Richmond BC, V6Y 2V6, phone 604 276-3085 or toll-free 1 888 422-2228. **All fields must be completed.** Incomplete invoices may be returned for resubmission.

Payment information		Billing date <i>mm/dd/yyyy</i>		
Payee number	Facility number, if applicable	Referred by facility, if applicable (<i>name & number</i>)		
Practitioner name		Practitioner number (<i>may be the same as payee number</i>)	Referred by practitioner, if applicable (<i>name & number</i>)	
Mailing address for payment		City	Province	Postal code
Telephone number ()		Fax number ()		

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Worker information

Worker's last name	First name
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth <i>mm/dd/yyyy</i>
Personal health number	WorkSafeBC claim number (<i>if available</i>)

Injury information

Date of injury <i>mm/dd/yyyy</i>	Diagnostic code (<i>ICD-9 code</i>)	
Side of body	Body part code	Nature of injury code

Service information (*Please select ONE only.*) Chiropractic Massage therapy Physiotherapy

Service location code	Date of service (<i>mm/dd/yyyy</i>)	Fee code	Amount	Number of service units* (<i>CNS & home visits</i>)	Description

WorkSafeBC use only

(Entered date and ID stamp)

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

